

CLAIM AGAINST THE STATE OF MICHIGAN

FOR PERSONAL LOSSES LESS THAN \$1,000

STATE USE ONLY
CLAIM NUMBER

In accordance with State Administrative Board policy, the following information is required for consideration of a claim against the State of Michigan. See the reverse side for additional information before completing this form.

1. CLAIM OF (Your Name)	SOCIAL SECURITY NUMBER (or Federal ID Number)*		
STREET ADDRESS	CITY	STATE	ZIP CODE

STATE EMPLOYEES ONLY

CIVIL SERVICE CLASSIFICATION	DEPARTMENT WHERE YOU WORK	WORK LOCATION
------------------------------	---------------------------	---------------

2. NAME OF STATE AGENCY CLAIM IS AGAINST (Department, College or University)

3. DATE AND TIME OF LOSS	LOCATION OF LOSS
--------------------------	------------------

4. DESCRIBE YOUR INJURY, LOSS OR DAMAGE IN DETAIL.

5. AMOUNT OF YOUR CLAIM

\$

HOW DID YOU DETERMINE THE VALUE? Describe the method you used in detail. Attach copies of relevant receipts, bills, letters from insurance companies, etc. List each document you have attached.

6. EXPLAIN WHY THE STATE AGENCY IN NUMBER 2 ABOVE RESPONSIBLE.

7. EXPLAIN WHY YOU ARE NOT AT FAULT AND WHY YOU COULD NOT HAVE PREVENTED THE LOSS.

8. a. HAVE YOU FILED ANY OTHER CLAIMS AGAINST THE STATE OF MICHIGAN RELATED TO THIS LOSS?
IF YES, LIST THE CLAIMS BELOW AND/OR ATTACH COPIES OF THE CLAIMS.

☐ YES ☐ NO

b. HAVE YOU RECEIVED REIMBURSEMENT FOR ALL OR A PORTION OF THIS CLAIM FROM SOME OTHER SOURCE?
EXPLAIN.

☐ YES ☐ NO

c. DO YOU HAVE ANY POTENTIAL SOURCE OF REIMBURSEMENT FOR ALL OR A PORTION OF THIS CLAIM, SUCH AS
YOUR OWN OR SOME OTHER PERSON'S INSURANCE POLICY?
EXPLAIN.

☐ YES ☐ NO

9. DESCRIBE ANY OTHER INFORMATION WHICH SHOULD BE CONSIDERED.

I certify that the above information is, to the best of my knowledge, true and, provided this claim or any part thereof is approved, I fully release and discharge the State of Michigan, its department or agency, from all other causes of action, liabilities, and damages I may have pertaining to this claim.

Signature of Claimant

Date

_____ appeared before me on _____ and signed above release as a free act and deed.

Signature of Notary

Notary Public, _____ County, Michigan

*Protected information necessary for payment purposes

Commission Expires _____

GENERAL INSTRUCTIONS

This form may only be used for claims against the State of Michigan, its departments and officers, colleges and universities for amounts less than \$1,000.

If you are a state employee, you must use this form to file a claim.

If you are not a state employee, you may file a claim under \$1,000 by completing and returning this form or by providing the information in a format as prescribed by the State Administrative Board.

Provide the information as completely and in as much detail as possible. If you need additional space, use a blank sheet of 8 1/2" by 11" paper and attach it to your claim. Please type or print legibly in ink. When complete, have the form notarized before a Notary Public. Retain the Pink copy of the form for your records.

You will be notified in writing of the action taken on this claim.

WHERE TO FILE YOUR CLAIM

Forward the white and canary copies of your claim as follows:

Claims by members of the public against the State of Michigan, its departments and officers must be filed with the accounting office of the department the claim is against or with:

Office of the Secretary
State Administrative Board
State of Michigan
P.O. Box 30026
Lansing, MI 48909

Claims against state colleges and universities must be filed with the Secretary of the State Administrative Board at the above address.

Claims by state employees must be filed with the accounting office of the department against which the claim is made.

SPECIAL INSTRUCTIONS FOR STATE EMPLOYEES ONLY

Accident reports or police reports are required for claims involving damage to personal motor vehicles or stolen property. For damage to personal motor vehicles, two estimates by vehicle repair shops are also required. Attach copies of these reports and estimates to your claim.

Carefully read the following. For the type(s) of claim(s) you are making respond to the required information in detail in the indicated section on the reverse side of this form.

Types of Claims

- I. Claim for damaged or lost personal items which you were wearing or had on you when the loss occurred, such as eye-glasses, jewelry, watches or clothing.
 - In #5, include the original date of purchase and the original cost.
 - In #9, describe in detail whether you were performing your duties as a state employee when the loss occurred and whether the loss occurred as a result of your duties as a state employee.
 - In #9, also explain why you were wearing the damaged or lost items or why you had them on your person.
- II. Claim for damage to personal motor vehicle.
 - In #3, describe where on state property you were driving or parking your motor vehicle.
 - In #6, explain why the damage to your motor vehicle resulted from negligence of the State of Michigan.
- III. Claim for theft or loss of personal property, excluding money or clothing, from your workstation, from the building in which you work, or from a state vehicle or from your personal vehicle which you were using while performing your job.
 - In #3, describe the exact location from which the property was lost or stolen.
 - In #5, include the original date of purchase and the original cost.
 - In #9, explain why you needed the lost or stolen property for the performance of your duties as a state employee.
 - In #9, also explain where you were at the time of the loss or theft.
- IV. Claim for stolen money.
 - If more than \$50 was stolen, explain in #9 why you had this much money in your possession at the time it was stolen.
 - In #9, describe measures you took to secure the money.
- V. Claim for damaged or stolen clothing which you were not wearing at the time of the loss.
 - In #3, describe the exact location of the clothing at the time it was stolen.
 - In #5, include the original date of purchase and the original cost.

STATE ADMINISTRATIVE BOARD	STATE AGENCY
DATE AND TIME RECEIVED	DATE AND TIME RECEIVED